

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2008 JUL 18 PM 4:12

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Advocates for Health Insurance Choice

ADDRESS (number and street)

PO Box 7853



(Check if address  
is changed)

Washington

DC

20044

7853

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

AHIC@electioncompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

07 / 17 / 2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Wade Williams

Signature of Treasurer

*Wade Williams*

Date

07 / 17 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>
5.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

Advocates for Health Insurance Choice

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for text entry]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

PAC Outsourcing LLC

Mailing Address

7915 Old Branch Ave.

Clinton

MD

20735

CITY

STATE

ZIP CODE

Title or Position

[Empty grid lines for title or position]

Telephone number

301

856

0770

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Wade Williams

Mailing Address

7915 Old Branch Avenue

Clinton

MD

20735

CITY

STATE

ZIP CODE

Title or Position

President

Telephone number

301

856

0770

28039790440

Full Name of Designated Agent

Latasha Kindrick

Mailing Address

7915 Old Branch Avenue

Clinton MD 20735

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number 301 - 856 - 0770

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

6011 Oxon Hill Road

Oxon Hill MD 20745

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039790441

FEC File Validator Version 6.2.1.1  
Developed for the Federal Election Commission  
by NIC Technologies, 1996-2008  
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=== Identification Section =====

Committee ID:  
Committee Name: Advocates for Health Insurance Choice  
Filing Type: F1N  
Filing Date: 20080717  
  
Software/Ver#: Vocus PAC Management / Ver# 8.00.0317

=== Results Section =====

>>>-----> FEC data file FAILED validation! <-----<<<

Number of Errors Found: 00001  
Number of Warning Messages: 00001

(Please correct all Errors before filing report)

=== Errors & Warnings Section =====

Validation Errors & Warnings  
-----

ERROR Messages...

Form{Item}: F1N  
Field Name: #002 FEC Committee ID Number  
\*Error\* is Required, but field is Empty

WARNING Messages...

Form{Item}: F1N  
Field Name: #043 7. Custodian: Last Name  
Warning is Required, but field is Empty

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**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *UPS* Shipping Date  
*7/17/08*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*

*7/18/08*

PREPARER  
(3/2005)

DATE PREPARED

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